

**ADVANCED PLACEMENT SUMMER TRAINING
STIPEND AWARD APPLICATION
2002**

(Please Print Carefully or Type)

Last Name, First Name (AP Teacher Name)

School District Name

Home Street Address

School Name

City, State, Zip Code

Street Address

Home Phone / Fax Number

City, State, Zip Code

Home E-mail Address

School Phone Number

Subject Taught: _____

School Fax Number

**Years of Teaching
in this Subject Area:** _____

E-mail Address

Years Served as an AP Teacher: _____

**Please provide a brief description of the training for which you would like to
apply this stipend:**

Name of Workshop: _____

Dates of Workshop: _____

Location of Workshop: _____
PlaceAddressCity, State, Zip Code

Please provide information on how you plan to encourage the goals of the WICHE / AP Grant at your school / district:

Please Return this Application to:

Peter Laing
WICHE / AP Grant Consultant
Exceptional Student Services / Gifted Education
Arizona Department of Education
1535 West Jefferson – Bin 24
Phoenix, AZ 85007
Phone: 602.364.4017, Fax: 602.542.5404
E-mail: plaing@ade.az.gov